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# ***Adult Respiratory Emergencies: Respiratory Arrest (Actual or Imminent)***

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## ***I. All Provider Levels***

1. Refer to the Patient Care Protocols.
2. If airway is open and respirations are adequate provide 100% oxygen via NRB, if respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place patient in proper position.
4. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate.



**Note Well:** EMT-I and EMT-P should use ET intubation.



**Note Well:** If opiate or narcotic overdose is suspected, support ventilations using an airway adjunct and BVM with 100% oxygen.

5. If narcotic or opiate overdose is suspected:

- A. Administer 2.0 mg Naloxone IM



**Note Well:** EMT-P's can administer 2.0 mg Naloxone IV upon establishing IV access

- i. Reassess patient.

- B. If no response to Naloxone proceed to advanced airway management via Combi-tube.



**Note Well:** EMT-I and EMT-P should use ET intubation.

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## ***II. Advanced Life Support Providers***

1. Attach EKG and interpret rhythm.
2. Suspect tension pneumothorax if three of the four conditions listed below are present
  - A. Severe respiratory distress
  - B. Tracheal deviation opposite side of the tension
  - C. Absence of lung sounds on the affected side
  - D. Distended jugular veins
3. If tension pneumothorax is suspected:
  - A. Perform needle decompression at the 2<sup>nd</sup> intercostal space mid-clavicular on the affected side utilizing a 14 gauge needle with one way valve.
  - B. Reassess patient and notify Medical Control of the response to the therapy.
4. Establish an IV of Normal Saline KVO or Saline lock.



## ***III. Transport Decision***

1. Transport immediately to the closest appropriate medical facility.
2. If patient had a positive response to Narcan, has a GCS of 15 and refuses transport, a 2 mg dose of Narcan, IM, may be administered.

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### **IV. The Following Options are Available by Medical Control Only**

1. Should the patient have a Glasgow Coma Score of eight (8) or less and a suspected head injury, medical control orders are required prior to intubation.
  - A. Consider Lidocaine (single dose), 1.5 mg/kg prior to intubation



**Note Well:** *If unable to intubate, consider cricothyrotomy prior to any nasal intubation attempt*

2. If a significant head injury is suspected in the conscious, combative, or altered mental status patient, ***nasal intubation is allowed only with medical control order.***
  - A. Consider sedation option (single dose) and intubate patient
    - i. Versed
    - ii. Morphine Sulfate



**Note Well:** *Consider cricothyrotomy prior to any nasal intubation attempt. Nasal intubation should only be attempted when all other methods have failed!*

3. Lidocaine 1.5 mg/kg IVP to a maximum of 150 mg.
4. Lidocaine at 0.75 mg/kg for patients with liver dysfunction, in acute CHF or over the age of 70.
5. Naloxone, an additional 2.0 mg to a maximum of 8.0 mg.

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### ***IV. The Following Options are Available by Medical Control Only (continued)***

6. Midazolam 1.0 - 2.0 mg IVP to a maximum of 5.0 mg
7. Morphine Sulfate 2 - 5 mg slow IV push to a maximum dosage of 10 mg
  - A. Reassess every 3 - 5 minutes after administration.